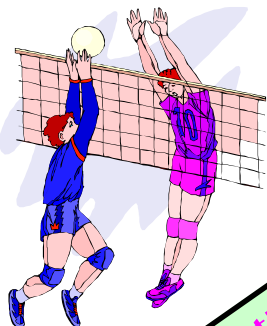


The Williamsburg Recreation Department  
presents the 2004

# QUARTERPATH



July 19 through 23

For Youth ages 8 to 18

# Volleyball Day Camp

In the air-conditioned comfort of the Quarterpath Recreation Center.

**REGISTRATION DEADLINE IS FRIDAY, JULY 16**

## Age Divisions

## Times

## Fees

## Focus

Youth 8 - 12

9:00 - 10:30 a.m.

\$40

\$30 siblings

For beginner to intermediate players.  
No prior experience necessary.

Boys 13 - 18

10:30 a.m.-12:30 p.m.

\$50

\$35 siblings

For intermediate to advanced Junior  
Varsity, Varsity or USAV Junior players.

Girls 13 - 18

1:30 - 4:30 p.m.

\$75

\$55 siblings

For intermediate to advanced Junior  
Varsity, Varsity or USAV Junior players.

## **ABOUT THE HEAD CAMP INSTRUCTORS, ED & ALANNA JACKSON:**

**ED JACKSON**, brings 16 years of volleyball experience. With a successful collegiate career at Sacramento State University, his highlights include being a Collegiate Club National Champion, National Championship MVP and Collegiate Club All-American. He has coached at the junior high, high school, college and junior club levels. Currently he is an assistant coach at the College of William & Mary and coach of the Williamsburg Volleyball Club Girls 16s.

**ALANNA JACKSON**, also a collegiate player turned coach. She was an All-Big West Conference selection as a setter at the University of Nevada, Reno. She brings a wealth of coaching knowledge having coached all levels of players including junior national level club teams. She is now an assistant coach at the College of William & Mary and she is also coach of the Williamsburg Volleyball Club Girls 16s who are the **2004 Old Dominion Region Champions**.

For more information,  
call 259 - 3760.

**Each camper will receive an exclusive  
W&M Volleyball t-shirt.**

Complete the Registration/Release Form  
and return it with appropriate payment.



## Williamsburg Department of Recreation **REGISTRATION & RELEASE FORM**

Name of Registrant: \_\_\_\_\_ Date of Birth (if under 18): \_\_\_\_\_

Name of Parent (if student is under 18 yrs. of age) \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Please check residency: Wmbg JCC York Other \_\_\_\_\_

### **RELEASE AND INDEMNITY CLAUSE**

**Must be signed in order to participate with Williamsburg Parks and Recreation Activity.**

In consideration and as a condition of the above identified registrant's participation in program(s) identified herein, I agree to indemnify, defend and hold harmless the City of Williamsburg, its agents and employees from and against any and all liability from injury which I or my child may suffer as a result of or in any connection with or arising out of the registrant's participation in the above program(s).

\_\_\_\_\_  
Signature of Registrant (if over 18 yrs.), Parent or Guardian (if under 18 yrs.)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Print name of signature above)

### **CLASS/ACTIVITY**

### **FEE**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### **TOTAL FEES:**

\$ \_\_\_\_\_

Make checks payable and mail to: Williamsburg Recreation Department  
202 Quarterpath Rd., Williamsburg, VA 23185. Credit and debit cards accepted at the  
Quarterpath Recreation Center or by telephone, 259-3760.

### **NOTE TO PARENTS:**

Please note that instructors are **NOT** responsible for students before or after scheduled times of programs.